

Constable
of Ward/District 9
Stinn Parish Louisiana

Financial Statements
As of and for the Year Ended December 31, 2005

Required by Louisiana Revised Statutes 24:513 and 24:514 to
Be filed with the Legislative Auditor
Within 90 days after the close of the fiscal year.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Constable (your name) A. D. Abels, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of the Court of Stinn Parish, Louisiana, as of December 31, 2005, and the results of operations for the year then ended, on the cash basis of accounting.

In addition, (your name) A. D. Abels, who duly sworn, deposes, and says that the Constable of Ward/District 9 and Stinn Parish received \$200,000 or less in revenues and other sources for the year ended December 31, 2005, and accordingly, is not required to have an audit or a review/attestation for the previously mentioned fiscal year.

A. D. Abels
Signature

Sworn to and subscribed before me, this 14th day of March, 2006.

Betty Green J.P.
NOTARY PUBLIC 64-10

Please Complete this Section:	
Constable's Name	<u>A. D. Abels</u>
Street or P.O. Box	<u>P.O. Box 69</u>
City	<u>Calvin, La.</u>
Zip Code	<u>71410</u>
Telephone Number	<u>(318) 727-9667</u>
FAX Number	

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 4/5/06

Statement B

A. D. Abels (Your Name)
Constable
of Ward/District 9
Shinn Parish **Louisiana**

**Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2005**

	General Fund	Garnishment Fund (if applicable)
<u>CASH RECEIPTS:</u>		
1. State salary supplement received (required if received)	<u>900.00</u>	
2. Parish salary received (required)	<u>900.00</u>	
3. Garnishments collected (if applicable)		
4. Fees collected (if collected)		
 Total cash receipts	A <u><u>1800.00</u></u>	
 <u>OFFICE DISBURSEMENTS:</u>		
5. Other operating services (cost of fax line, etc)		
6. Materials and supplies (stationery, postage, etc)		
7. Travel and other charges		
For yourself		
For employees (if applicable)		
8. Capital outlay (cost of purchases of equipment, etc)		
9. Garnishments paid to others (if total included in No. 3)		
 Total office disbursements	B <u><u>0</u></u>	<u><u>0</u></u>
 Available for salaries (A less B)		
10. Salary and related benefits:		
Amount retained by yourself, as salary		
Amount paid to employees (if applicable)		
 Total salaries paid	C _____	
 Increase or (decrease) in fund balance (A less B less C)	D _____	
Fund Balance at the beginning of the year	E _____	
 Fund balance (deficit) at end of the year (D plus E)	F <u><u>0</u></u>	<u><u>0</u></u>

E This is the amount of the fund balance at the end of the prior year (see your copy of last years report)